

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 09 1998 8:00am,
Secretary of State

DOCUMENT # P96000084770 (2)

1. Corporation Name:

NORTH FLORIDA PRIME CARE, INC.



Principal Place of Business:

107-C EDWARDS ROAD
STARKE FL 32091

Mailing Address:

107-C EDWARDS ROAD
STARKE FL 32091

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business:

21 1550 S Water St
Suite, Apt. #, etc.

22 City & State:
23 Starke, FL

24 32091 Country:
25 Bradford

2a. Mailing Address:

26 1550 S Water St
Suite, Apt. #, etc.

27 City & State:
28 Starke, FL

29 32091 Country:
30 Bradford

3. Date Incorporated or Qualified:

10/10/1996

4. FEI Number 593457522
APPLIED FOR

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent:
DOWNEY, KEVIN I
2831 N.W. 41ST STREET
SUITE B-2
GAINESVILLE FL 32608

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed below the signature of individual applicant

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME POLLOCK, BRUCE D M.D.
STREET ADDRESS 107-C EDWARDS ROAD
CITY-ST-ZIP STARKE FL 32091

☐ DELETE

TITLE D
NAME EASON, CARL M.D.
STREET ADDRESS 107-C EDWARDS ROAD
CITY-ST-ZIP STARKE FL 32091

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an addition with an address.

CR2E034 (10/97)